

I. EPA/STATE Hazardous Waste I.D.#
WA 0981770118

II. Waste Designated By:
RCRA/State SQ/RCRA
State Only
Non-Regulated/Non-Handler/Protective Filing

III. Exemption Status:
RCRA Exempt Recycler
State Exempt Recycler
Below QEL
Other

IV. Handling
Emergency
Remedial Action
One-Time-Only
Other

DEPARTMENT USE ONLY

REVISED FORM 2
COPY
NOTIFICATION OF
DANGEROUS WASTE
ACTIVITIES

(send to) Attn: DW Notifications
Washington State Department of Ecology
M/SPV-11 Olympia, WA. 98504-8711
(206) 459-6369/6305

DATE IN TO DEPARTMENT

Init: _____ Date: _____ Region: _____
EPA: _____ Date: _____ Copy: _____
Input: _____ Update: _____ Act: _____

RECEIVED
DEC 07 1987
WASTE MANAGEMENT BRANCH

DEPARTMENT USE ONLY

Type or Print in Ink—Form designed for use on Elite (12 pitch type)

1. ☐ A. FIRST NOTIFICATION (no previous application has been made for this site)
☐ C. WITHDRAW SITE I.D.# (Complete Sections 1F, 2A, 3, 5, 8 & 15. Enter existing I.D. # in Part 1F.)
☐ E. CANCEL SITE I.D.# (Site closed—no longer own or conduct business at this site. Complete Sections 1F, 2A, 3, 5, 8 & 15. Enter existing I.D. # in 1F.)
- ☐ B. REVISED NOTIFICATION date revisions effective: ____/____/____
(Enter existing site I.D. # in Part 1F. List sections you revised: _____)
- ☐ D. REACTIVATE SITE I.D.# (Complete all sections of the form. Enter previously assigned I.D. # in Part 1F.)
- ☐ F. EXISTING I.D.# (Complete for items 1B, C, D, & E only) WA _____

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER

2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

3. NAME OF COMPANY

WDOE-NWRO-DRUM-CEDAR HILLS LANDFILL

4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.

4350 150 AVE NE

CITY OR TOWN

STATE

ZIP CODE

REDMOND

WA

98052

5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

16645 228TH AVE SE

CITY OR TOWN

STATE

ZIP CODE

MAPLE VALLEY

WA

98038

7. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 7A, 7B, or 7C below that may apply).

7A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).

☒ 1. GENERATOR = 3

☐ 2. TRANSPORTER 2a. ☐ Transport Wastes Commercially (for hire).

2b. Modes of Transport: (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ Other

(specify in comments).

☐ 3. MANAGEMENT FACILITY (TSD) 3a. ☐ Facility accepts wastes from OFF-SITE Generators.

3b. Processes conducted or available at this facility:

(1) ☐ Treatment (2) ☐ Storage (>90 days) (3) ☐ Disposal
(4) ☐ Other (specify in comments).

☐ 4. UNDERGROUND INJECTION OF WASTE(S).

☐ 5. MARKET OR BURN DANGEROUS WASTE FUELS—5a. ☐ Generator Marketing to Burner 5b. ☐ Other Marketer

5c. ☐ Burner. (COMPLETE 7C—TYPE OF COMBUSTION DEVICE)

7B. USED-OIL FUEL ACTIVITIES.

☐ 1. OFF-SPECIFICATION USED-OIL FUELS-1a. ☐ Generator Marketing to Burner 1b. ☐ Other Marketer 1c. ☐ Burner (Complete 7C)

☐ 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION.

7C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.

(see instructions for definitions of combustion devices) 1 ☐ Utility Boiler 2. ☐ Industrial Boiler 3. ☐ Industrial Furnace.

7D. NEW REGULATORY REQUIREMENTS:

Indicate in the space provided, the activity you are notifying for, (if it is not listed above), for which you need an I.D. #.
(continue in Comments).

8. CONTACT PERSON

NAME (last),

(first)

DORIGAN

LEE

TITLE

PHONE NO. (area code & number)

INSPECTOR

206

867

7030

9A. OWNERSHIP (Legal Owner(s) of this Company)

STATE OF WASHINGTON

9B. OWNERSHIP (Legal Owner(s) of site (Property) (If ownership is different than 9A. provide address in section 13)

10A. TYPE OF OWNERSHIP
(enter letter code in box)
SEE INSTRUCTIONS

S

10B. IS SITE LOCATED ON INDIAN TRUST LANDS?
Y=Yes N=No

N

USEPA RCRA



3015013

11. WASTE IDENTIFICATION (Copy this page if you have more than 10 waste streams—other information (sections 12-15) not needed on continuation sheets)

A. NUMBER	B. Description of Waste(s)	C. Dangerous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity	E. WASTE CODE
1	PESTICIDES, DIAZINON, ETHION, MANATHION ^{ETC}	WT02	80	P
2				
3				
4				
5				
6				
7				
8				
9				
10				

12. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch. In 12C. indicate maximum to be accumulated on-site prior to shipment.

12A. ☐ (Batch Frequency _____)

QUANTITY	WEIGHT

 CODE 12B. ☐ PER MONTH

QUANTITY	WEIGHT

 CODE

12C. Amount to be Accumulated on-site prior to shipment

QUANTITY	WEIGHT

 CODE

13. COMMENTS (Enter Information by Section & Line Number—See Instructions)

PESTICIDES LEFT AT FACTORIA TRANSFER STATION, WHERE THEY CAUSED ILLNESS. PESTICIDES WERE THEN TAKEN TO CEDAR HILLS LANDFILL.

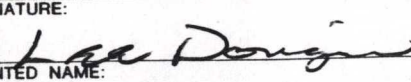
14. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

- | | |
|---|--|
| A. <input type="checkbox"/> NOTIFICATION FORM | B. <input type="checkbox"/> PART A PERMIT FORM FOR TSD FACILITIES |
| C. <input type="checkbox"/> BIOLOGICAL TEST PROCED. | D. <input type="checkbox"/> GENERATOR ANNUAL REPORT FORM |
| E. <input type="checkbox"/> CHEMICAL TEST PROCED. | F. <input type="checkbox"/> TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT |
| G. <input type="checkbox"/> DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303) | |
| H. <input type="checkbox"/> DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305) | |
| I. <input type="checkbox"/> OTHER (specify) _____ | |

15. CERTIFICATION (MUST BE SIGNED IN INK TO BE PROCESSED)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: 	OFFICIAL TITLE (Print) INSPECTOR	DATE SIGNED: 12/4/87
PRINTED NAME: LEE DORIGAN		